
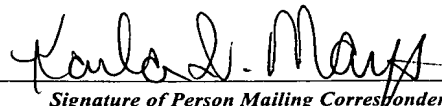


IFW

<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>				<b>Docket No.</b> 7175-70579	
<b>Applicant(s):</b> Richard H. Heimbrock et al.					
<b>Application No.</b> 10/624,979	<b>Filing Date</b> July 22, 2003	<b>Examiner</b> Robert G. Santos	<b>Customer No.</b> 23643	<b>Group Art Unit</b> 3673	<b>Confirmation No.</b> 6614
<b>Invention:</b> GYN STRETCHER					
<b>COMMISSIONER FOR PATENTS:</b>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	<b>CLAIMS REMAINING AFTER AMENDMENT</b>	<b>HIGHEST # PREV. PAID FOR</b>	<b>NUMBER EXTRA CLAIMS PRESENT</b>	<b>RATE</b>	<b>ADDITIONAL FEE</b>
TOTAL CLAIMS	20 -	20 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	3 -	3 =	0 x	\$88.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 10-0435 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038. <b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>					
 Signature <b>Dilip A. Kulkarni</b> BARNES & THORNBURG LLP 11 S. Meridian Street Indianapolis, IN 46204 (317) 231-7419  Attorney Reg. No. 27,510			Dated: 11-17-04		
CC:			<div style="border: 1px solid black; padding: 5px;"><p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on</p><p>11/17/04 (Date)</p><p> Signature of Person Mailing Correspondence</p><p><b>Karla I. Mays</b> Typed or Printed Name of Person Mailing Correspondence</p></div>		

# BARNES & THORNBURG

11 South Meridian Street  
Indianapolis, Indiana, 46204  
Tel. (317) 236-1313  
Fax (317) 231-7433



## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Group: 3673  
Confirmation No.: 6614  
Application No.: 10/624,979  
Invention: OB/GYN STRETCHER  
Applicant: Richard H. Heimbrock et al.  
Filed: July 22, 2003  
Attorney  
Docket: 7175-70579  
Examiner: Santos, Robert G.

### Certificate Under 37 CFR 1.8(a)

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

on 11/17/04  
Karla I. Mays  
(Signature)

Karla I. Mays  
(Printed Name)

### RESPONSE TO ELECTION OF SPECIES REQUIREMENT

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Contemporaneously with filing this application, please amend the application as follows:

**Amendments to the Specification** begin on page 2 of this paper.

**Amendments to the Claims** are reflected in the listing of claims which begins on page 3 of this paper.

**Remarks** begin on page 6 of this paper.